

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Wichita, KS 67202

BELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-025-20,276-00-00

LEASE NAME Brensing

WELL NUMBER 2-13

660 Ft. from S Section Line

1320 Ft. from E Section Line

SEC. 13 TWP. 30SRGE. 21 (E) or (W)

COUNTY Clark

LEASE OPERATOR Indian Oil Co., Inc.

ADDRESS P.O. Box 209, 2507 SE US 160 Hwy., Medicine Lodge, KS 67104

PHONE (620) 886-3763 OPERATORS LICENSE NO. 31938

Date Well Completed _____

Character of Well Oil

Plugging Commenced 9-13-2001

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 9-20-2001

The plugging proposal was approved on _____ (date)

by Steve Pfeifer (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation Cherokee Depth to Top 5159 Bottom 5162 T.D. 5226

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8	602'	None
				4-1/2	5224'	3602'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set. Plugged off bottom with sand to 5100' and 4 sks cement. Shot pipe @ 3800' and 3620'. Plugged surface with 300# hulls, 10 sks gel, 50 sks cement, 10 sks gel, 100# hulls, 150 sks cement

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467, Chase, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Indian Oil Co., Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Michael Farrar (Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) _____

(Address) P.O. Box 209, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 12th day of October, 2001

Teresa L. Myers
Notary Public

My Commission Expires: 7-14-2004

